

NOTICE OF APPEAL
FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS AND INTERFERENCES

Attorney Docket No. 018734/0161

In re patent application of

Thomas M. BEHR, et al.

Group Art Unit: 1642

Serial No.: 09/200,791

Examiner: L. Helms

Filed: November 30, 1998

For: *Methods Of Reduced Renal Uptake Of Protein Conjugates*

Commissioner for Patents

BOX AF

Washington, D.C. 20231

RECEIVED

FEB 21 2003

TECH CENTER 1600/2900

Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the final rejection dated September 10, 2002, of the Primary Examiner finally rejecting Claims 1-9, 11-21, 23-29 and 31-37.

The item(s) checked below are appropriate:

1. xx A Petition for Extension of Time to respond to the final rejection for three-months.
2. xx Notice of Appeal Fee \$160.00 (small entity status asserted).
 - xx Enclosed
 - Not required (Fee paid in prior appeal)
 - Charge to Deposit Account No. 19-0741
 - (One additional copy of this Notice enclosed herewith)
3. xx A check in the total amount of \$676.00 is enclosed for additional claims, Notice of Appeal fee, and extension fee for three months. The Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 19-0741.

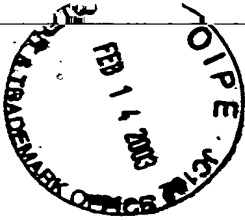
Respectfully submitted,

2/14/03
Date

Eve L. Frank
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Registration No. 46,785

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02/24/2003 09:00:00 00000005 190741 09200791
160.00 OP
-16.00 OP
-32.00 OP
51.00 CH



Atty. Dkt. No. 018734/0161

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Thomas M. BEHR, et al.**
Title: ***Methods Of Reduced Renal Uptake Of Protein Conjugates***
Appl. No.: **09/200,791**
Filing Date: **November 30, 1998**
Examiner: **L. Helms**
Art Unit: **1642**

AMENDMENT TRANSMITTAL

Commissioner for Patents
BOX AF
Washington, D.C. 20231

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FEB 21 2003
TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application and:

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [X] Notice of Appeal.
- [X] The fee required for additional claims is calculated below:

| | Claims as Amended | | Previously Paid For | = | Extra Claims Present | | Rate | = | Additional Claims Fee |
|--|----------------------|--------------------------|------------------------|---|----------------------------|---|----------|---|--------------------------|
| Total Claims: | 35 | <input type="checkbox"/> | 34 | = | 1 | x | \$18.00 | = | \$18.00 |
| Independents: | 4 | <input type="checkbox"/> | 3 | = | 1 | x | \$84.00 | = | \$84.00 |
| First presentation of any Multiple Dependent Claims: | | | | | | + | \$280.00 | = | \$0.00 |
| CLAIMS FEE TOTAL: | | | | | | | | | \$102.00 |

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

| | | | |
|-------------------------------------|---|------------|-----------|
| <input type="checkbox"/> | Extension for response filed within the first month: | \$110.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the second month: | \$410.00 | \$0.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the third month: | \$930.00 | \$930.00 |
| <input type="checkbox"/> | Extension for response filed within the fourth month: | \$1,450.00 | \$0.00 |
| <input type="checkbox"/> | Extension for response filed within the fifth month: | \$1,970.00 | \$0.00 |
| <input checked="" type="checkbox"/> | Notice of Appeal: | \$320.00 | \$320.00 |
| EXTENSION FEE TOTAL: | | | \$930.00 |
| CLAIMS AND EXTENSION FEE TOTAL: | | | \$1352.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above): | | \$676.00 |
| TOTAL FEE: | | | \$676.00 |

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$676.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 2/14/03

By Eve L. Frank

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